

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 30, 2001 8:00 am
Secretary of State

DOCUMENT # N97000002460

1. Entity Name

BROWARD COUNTY PARENT SUPPORT GROUP, INC.

03-13-2001 90139 001 *****8.75
03-13-2001 90139 002 *****61.25

Principal Place of Business

Mailing Address

7780 NW 39TH ST
HOLLYWOOD FL 33024
US

7780 NW 39TH ST
HOLLYWOOD FL 33024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0754631

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHER, CHRISTINE
7780 NW 39TH ST
HOLLYWOOD FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	☒ Delete
NAME	CALDERARA, MAUREEN	
STREET ADDRESS	6341 NW 16 ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	☐ Delete
NAME	GLADFELTER, JOAN	
STREET ADDRESS	10898 NW 23RD CT	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VD	☐ Delete
NAME	CAPITA, HARRIET	
STREET ADDRESS	3140 NW 65TH DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☐ Delete
NAME	HEINZMAN, BETH	
STREET ADDRESS	10840 NW 26 PL	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	☐ Delete
NAME	VALERIO, CHERYL	
STREET ADDRESS	7021 PARK ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☐ Change ☒ Addition
NAME	Dannell Windle	
STREET ADDRESS	8211 SW 57th St.	
CITY-ST-ZIP	Davie, FL 33328	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Joanne Raballi	
STREET ADDRESS	1651 NW 74th Ave	
CITY-ST-ZIP	Tamarac, FL 33321	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Bucher **Christine Bucher** **3/9/01 954-436-845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

BROWARD COUNTY PARENT SUPPORT GROUP INC.

A Homeschool Support Group
7780 N.W. 39 St. Hollywood, FL 33024
Telephone (954) 938-5442

Doc# N970000002460
33363

FEI NUMBER 65-0754631

10. OFFICERS AND DIRECTORS ATTACHMENT

TITLE: PD
NAME: BUCHER, CHRISTINE
STREET/ADDRESS: 7780 NW 39TH ST
CITY/ST/ZIP: HOLLYWOOD, FL 33024